

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026470
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 299

FILED JUL 27 1962

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON CITY, MO.

c. FULL NAME OF (If not in hospital, give location)

HEN
HADWICK LANE

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

COLE

c. CITY OR TOWN

JEFFERSON CITY, MO.

d. STREET ADDRESS

HEN
HADWICK LANE

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

JOSEPH

Middle

HADWICK

Last

4. DATE OF DEATH

JULY 22, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/2/89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

4 20

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Austria

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Hadwick

13b. MOTHER'S MAIDEN NAME

Magdelin Seifert

14. NAME OF HUSBAND OR WIFE

Caroline Lehman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Caroline Hadwick J C MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma metastatic

INTERVAL BETWEEN ONSET AND DEATH

2 years

DUE TO (b)

Primary site unknown

DUE TO (c)

probably pancreas

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 1962, to July 22/62 and last saw him alive on July 22/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dean E. Dwyer M.D.

22b. ADDRESS

Jefferson City, Mo. 64501

22c. DATE SIGNED

July 27, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/25/62

23c. NAME OF CEMETERY OR CREMATORIUM

Resurrection

23d. LOCATION (City, town, or county)

Jefferson City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Sylvester J. Miller

25. DATE RECD. BY LOCAL REG.

J C MO. 25 July 1962

26. REGISTRAR'S SIGNATURE

R. P. Harris, M.D. - Registrar, Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

AUG 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4321

P. O. Address Jeffersonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

East St. Mo. 1 mi beyond Country Club